			ober 1, 20		·			4700		 -	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL:	ENTITY	OF	OTHE	R THAN
TOTAL CLAIMS	· ·	1 2	/				PATE	FEE	7	RATE	FEE
FOR		NUMBER FILED NUM		NUME	SER EXTRA	1	BASIC FE	E 355.0	OF	BASIC FE	
TOTAL CHARGE	2/ minus 20=			1	-	X\$ 9=	9	=		-	
INDEPENDENT CLAIMS		3 minus 3 =			b	1	X40=	+ -	OF	 	
AULTIPLE DEPE	RESENT				1	AHUE	+	-IOR	X80=	ļ.,	
If the difference	s loss than	ass than zero enter 100 in eather a			j	+135=		OR	+270=	Ŀ	
* If the difference in column 1 is less than zero, enter *0* in column CLAIMS AS AMENDED - PART II					olumn 2		TOTAL	364	OR	TOTAL	
	(Column 1)	AMENDE					CHALL	CACTOTAL		OTHER	
	CLAMS		(Colum	ST	(Column 3	1 1	SMALL	ENTITY	OR T	SMALL	
	REMAINING AFTER AMENOMENT		PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
Total	. 2	Minus	1-21	.:	= /		X\$ 9=		OR	X\$18=	
Independent	1 2	Minus		2	= . (]	X403		OR	XXX.	
I FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM]	145		┤ ॅ`	290 +270=	
			· .	•		l	+165=	ļ	OR		
	(Column 1)		40.			4	DOIT. FEE		OR	TOTAL ADDIT. FEE	
	CLAMS		(Colum	ก 2) 37	(Column 3)	1 .	·				
	REMAINING AFTER AMENDMENT.		NUMBI PREVIOL PAID FI	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	. 2	euriM	_ 2		= /	1 [X\$ 9≈		OR	X\$18=	155
Independent	. 2	Minus	3) · ·	• (1 F	X46=		()	x 66 -	
AFTER AMENDMENT: PREVIOUSLY PAID FOR EXTRA Total • 2 Minus •• 2 = Independent • 2 Minus ••• 3 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ÒR	280	
•						L	+195=		OR	+270=	٠.
• .		*				A	TOTAL DOIT, FEE		OR ,	TOTAL ADDIT, FEE	
	(Column 1)		(Column		Column 3)		٠.				
	REMAINING AFTER AMENDMENT		HIGHES NUMBE PRÉVIOU PAID.FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total	•	Minus	e+				X\$ 9=			VOIA	FEE
Independent	•	Minus	***		=	-	x48=	<u> </u>	OR	X\$18=	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L			ОЯ	x86=	
].	485	· .	OR	290 +270=	
1 the ease !!	the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highast Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								1		
I Une Permest Num	ider Previousty Pa	M For IN THIS	COACELL		M	40	YOYAL OIT, FEE		OR .	TOTAL DOIT, FEE	